

## Lady Katherine Leveson Church of England Primary School

### Admission Details

<b>Year of Entry:</b>	Nursery	Reception	Y1	Y2	Y3	Y4	Y5	Y6
<b>Child's legal Forename:</b>						<b>Gender:</b>	Male	Female
<b>Middle Name:</b>								
<b>Child's Legal Surname:</b>						<b>Date of Birth:</b>		
<b>Preferred Forename:</b>						<b>OFFICE USE for DOB clarification.</b> The child's original Birth Certificate must be seen by staff. This is a legal document. Staff member: _____		
<b>Preferred Surname:</b>								
<b>Address:</b>								
<b>Postcode:</b>								
<b>Home Telephone No:</b>								
<b>Post Look After Care (option to declare)</b> Please tick one of the categories if applicable to your child. Post Looked After Care attracts significant additional school funding. Please rest assured that this information will remain confidential; a senior member of staff will contact you for supporting documentation (parents may conceal sensitive information such as name of birth parents)			<b>A</b> ceased to be looked after through adoption					
			<b>G</b> ceased to be looked after through a special guardianship order (SGO)					
			<b>R</b> ceased to be looked after through a residence order (RO)					
			<b>C</b> ceased to be looked after through a child arrangement order (CAO)					

<b>Are you involved with any other agencies?</b>	
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Ethnic Origin		
Asian or Asian British	Black or Black British	Mixed or Dual Background
Bangladeshi	African	Asian and White
Chinese	Caribbean	Black African and White
Indian	Any other Black background	Black Caribbean and White
Pakistani		Any other mixed background
Any other Asian background		
White	<b>Any other ethnic group (please state):</b>	
British		
Irish	I do not wish this information to be collected	
Traveller of Irish Heritage		
Gypsy/Roma		
Any other White background		

<b>Pupil Nationality:</b>	
<b>Country of Birth:</b>	
Your child's nationality and country of birth would be expected to be as it appears on their passport or birth certificate	
<b>First Language(s):</b>	
This is the language(s) to which your child was first exposed during early development, and continues to be exposed in the home and community. If English is not selected, this will be recorded as EAL (English as an Additional Language) and we ask that you also complete the background information sheet provided – thank you	

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<b>Siblings</b>	Name:		Same address Y/N	
<b>Child's Position in Family</b> (eg. 1 <sup>st</sup> out of 2)		_____ out of _____ children		

<b>Medical and Dietary Requirements</b>		
Does your child have any dietary requirements for religious or allergy reasons:	Yes <input type="checkbox"/> (If Yes, please complete attached sheets)	No <input type="checkbox"/>
<b>Medical Practice:</b>		
<b>Address:</b>		
<b>Telephone No:</b>		
<b>Medical Conditions:</b> In order for us to give appropriate help and support to your child, please give details of any physical problems or medical conditions including poor eyesight, disabilities, hearing or speech difficulties, allergies from which he/she suffers		
<b>Has your child a diagnosis of Asthma?</b> If so, an inhaler administration consent form shall need completing		
<b>Has your child a diagnosis of severe allergic reactions and has been prescribed an epi-pen?</b> If so, an epipen administration consent form shall need completing		
<b>Date of last hearing test</b>		
<b>Date of last eye test</b>		
<b>Name of previous School/Nursery:</b> Please include dates of attendance		

## Lady Katherine Leveson Church of England Primary School

### Admission Details

<b>Contact Information</b>					
Please give details of <b>all persons</b> who have parental responsibility (PR) for your child. Please also include anyone else who could be contacted in an emergency or who may collect your child from school. Relationship should be shown as Parents, Aunt etc. If any of these contacts have a Court Order in place, please contact the school.					
Emergency Priority (please rank)	PR (Y/N)	Name and Relationship	Home Address	Phone Numbers	Permission to collect from school
	Y / N			Home:	Y / N
				Mobile:	
				Work:	
				Email:	
	Y / N			Home:	Y / N
				Mobile:	
				Work:	
				Email:	
	Y / N			Home:	Y / N
				Mobile:	
				Work:	
				Email: Password (if not legal guardian):	
	Y / N			Home:	Y / N
				Mobile:	
				Work:	
				Email: Password (If not legal guardian):	

Any other information you wish the school to be aware of:

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**Please remember to inform the school of any changes as it is vital that all information is up-to-date and relevant.**

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Carer)

(Parent/Carer)

**Head Teacher:** Mr N Kitching  
**E-mail:** [office@ladyk.bdmata.org.uk](mailto:office@ladyk.bdmata.org.uk)  
**Web Site:** <https://ladyk.bdmata.org.uk/>  
**Telephone:** 01564 772 374

## Lady Katherine Leveson Church of England Primary School

### Admission Details

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

These consents will cover the time that your child attends Lady Katherine Leveson CE Primary School.  
You have the right to withdraw consent at any time.

School Visits	
Y / N	I consent for my son/daughter to participate in any local educational visits that involve no cost and are within walking distance. We will of course make you aware of such visits (eg. a local walk)
Medical Treatment	
Y / N	I consent for school staff to act on my behalf in an emergency if I am unable to be contacted.
Y / N	I understand that if my child requires hospital treatment and staff cannot get hold of me, a member of staff will travel with my child to hospital and take any relevant medical details with them
Face Paints	
Y / N	I agree for my child to have their face painted
Food Tasting	
Y / N	I agree for my child to take part in food tasting (eg. Tasting food from around the world)
Sign In System	
Y / N	I understand that the school sign-in system requires personal information about myself when I sign in to help in school or attend meetings, including a photograph. I acknowledge that this information is used for safeguarding purposes and health & safety procedures, such as in the event of a fire. A copy of the Edit Privacy Notice is available from the school office.
Eucharist	
Y / N	I confirm that my child has been confirmed and I would therefore like them to receive Holy Communion at the termly Eucharist Service.
Y / N	I would like my child to receive a Blessing at the termly Eucharist Service.
Y / N	I would like to opt out of my child receiving either Holy Communion or a Blessing and they will therefore sit and reflect in their seats at the termly Eucharist Service.
Photographs	
Y / N	May we use your child's photograph and first name on display boards within the school building? <i>Please note displays are viewed by staff, children, parents and other visitors to school</i>
Y / N	May we use your child's photograph and first name on our school website? This includes the weekly newsletter? <i>Please note: Websites can be viewed throughout the world, not just the United Kingdom where UK law applies</i>
Y / N	May we use your child's photograph in promotional literature such as the school prospectus? <i>Please note these are uploaded to our school website and can be printed and made available to anyone</i>
Social Media – Facebook & Twitter	
Y / N	May we use your child's photograph on Social Media?
Y / N	May we use your child's first name on Social Media?

### Withdrawal of Consent

**You have the right to withdraw consent at any time. Please put this in writing or email the school office if you wish to withdraw consent from any of the above named activities.**

Signed: \_\_\_\_\_ Parent/Carer Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Lady Katherine Leveson Church of England Primary School

## Admission Details

**Child's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

- **Please only complete** this form if your child cannot eat certain foods for medical or religious reasons
- This information will be available to all staff and kitchen staff (Sodexo) **and Sodexo Allergy form to be completed.**
- If your child has allergies, you will also be required to complete an allergens form from Sodexo.

Lady Katherine Leveson CE Primary School is a 'nut free zone' as we have children with severe nut allergies. If you choose to provide packed lunches, please DO NOT pack any nut products. Thank you

<b>Food Allergies or Intolerance</b> Details:          Symptoms:	
<b>Religious Dietary Information</b> Details:	
<b>Eggs</b>	
Can your child eat eggs?	Yes / No / Some*
<i>*If some:</i>	
Can your child eat a hard-boiled egg?	Yes / No
Can your child eat eggs cooked in desserts / cakes?	Yes / No
Can your child eat eggs cooked in dishes such as quiche?	Yes / No
<i>Details if needed:</i>	
<b>Vegetarian Preferences</b>	
My child is vegan (no meat, poultry, fish or dairy products or eggs)	Yes / No
My child is vegetarian (no meat, poultry or fish, <b>can eat dairy and eggs</b> )	Yes / No
My child is pescetarian (no meat or poultry, <b>can eat fish, dairy and eggs</b> )	Yes / No
<i>Details if needed:</i>	

**Signed:** \_\_\_\_\_ **Parent/Carer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Lady Katherine Leveson Church of England Primary School

### Admission Details

Child's Name:	Name used at Home:
Date of Birth:	Date of Arrival in UK:
Pupil's Country of Birth:	Mother's Country of Birth:
Father's Country of Birth:	Refugee Status:

<b>Language(s) Spoken at Home:</b>	
Child to Father:	Father to Child:
Child to Mother:	Mother to Child:
Child to Siblings:	Siblings to Child:
Child to Grandparents:	Grandparents to Child:

<b>Education: (please include Pre-school, Nursery and any UK education)</b>				
Country	School	Date (from-to)	Age (from-to)	Language used in school

<b>Other Information:</b>	
Favourite activities at School/Nursery	
Interests & Hobbies	
Community Classes/Schools attended (e.g. Qur'an classes/ Polish School)	
Any further concerns or information about your child?	

<b>Support for Parents and Carers:</b>	
Interpreter required at Parent's Consultations	Yes / No
Bilingual translations of school letters and leaflets	Yes / No
Information on how to help your bilingual child at home	Yes / No

Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

# Lady Katherine Leveson Church of England Primary School

## Admission Details

### For a child showing symptoms of a severe allergic reaction/anaphylaxis

1. I can confirm that my child has been diagnosed with severe allergic reaction and has been prescribed an epi-pen.
2. My child has a working, in-date epi-pen, clearly labelled with their name, which is kept in school in their class room.
3. In the event of my child displaying symptoms of severe allergic reaction, and there is no improvement after their epi-pen has been administered, or should the epi-pen be unusable, I consent for my child to be given the emergency epi-pen held by the school for such emergencies.

Signed:.....

Name (print).....

Date: .....

Child's name: .....

Class: .....

Parent's address and contact details:

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.....  
.....

Telephone: .....

E-mail: .....

## **Lady Katherine Leveson Church of England Primary School**

### **Admission Details**

#### **For a child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day or is kept in school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:.....

Name (print).....

Date: .....

Child's name: .....

Class: .....

Parent's address and contact details:

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.....  
.....

Telephone: .....

E-mail: .....